FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2002

Estimated average burden hours per response..... 1

SEC USE ONLY

Prefix Serial

Name of Offering ( check if this i	san amendment and name has o	changed, and indi-	cate change.)			
Kanakaris Wireless Series B Con	vertible Preferred Stock	<u> </u>				
Filing Under (check box(es) that ap	ply): 🗆 Rule 504 🔑 Rule 50.	5 🛛 Rule 506	☐ Section 4(1	b) 🗆 ULOE	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11) partition
Type of Filing: New Filing	Amendment				/	88/88   8   8  88    88
	A. BASIC IDEN	TIFICATION	DATA		/***	<i>1981   1</i>   1   1   1   1   1   1   1   1
1. Enter the information requested	about the issuer				02026	HEN BINES (NES)
Name of Issuer ( check if this is a	n amendment and name has cha	nged, and indicat	e change.)		02036	046
Kanakaris Wireless						<u> </u>
Address of Executive Office	(Number and Stre	et, City, State, Zi	p Code)	Telephone Nu	mber (Including A	Area Code)
2716 Ocean Park Blvd., Suite 200	5, Santa Monica, CA 90405			1 (310) 392-945	30	
Address of Principal Business Oper	ations (Number and Stre	et, City, State, Zi	p Code)	Telephone Nu	mber (Including A	Area Code)
(if different from Executive Officers	s)			1		
SAME			<del></del>	SAME		
Brief Description of Business					MOR	OFECE
Provider of various media, includ	ing books and movies, over the	e Internet; distri	butor of video p	roducts.		a a ana
		<del> </del>			///	y 2 0 2002
Type of Business Organization					<i>f</i> • • • • • • • • • • • • • • • • • • •	•
⊠ corporation	<ul> <li>limited partnership, alrea</li> </ul>	•	🗆 other (	other (please specify):		
☐ business trust	☐ limited partnership, to be	e formed			Ē	NANCIAL
						10, 20, 000
		Month	Year			
Actual or Estimated Date of Incorpo		[1][1]	[9][1]		☐ Estimated	
Jurisdiction of Incorporation or Org	•	ter U.S. Postal Se				[ N ][ V ]
	CN for Canac	da; FN for other f	<u>oreign jurisdictio</u>	<u>n)</u>		

FORM LIMITED OFFERING EXEMPTION

### GENERAL INSTRUCTION

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☑ Director	☐ General and/or Managing Partner
Kanakaris, Alex F.			<del></del>		
Name (Last name first, if in 2716 Ocean Park Blvd., St		omina CA 00405			
		treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer		☐ General and/or
	- Fromotei	Deficited Owler	≥ Executive Officer	₩ Director	Managing Partner
McKay, John Name (Last name first, if in	dividual)		<del></del>		
2716 Ocean Park Blvd., Si		onica, CA 90405			
Business or Residence Addi					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or
					Managing Partner
Shomaker, David	<del> </del>				
Name (Last name first, if in					
2716 Ocean Park Blvd., St Business or Residence Addr				<del></del>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Forbes, Rose	<del> </del>				<del></del>
Name (Last name first, if in					
7716 (Accon Dorle Blad Si	iite 2005. Santa Mi	onica, CA 90405			
2716 Ocean Park Blvd., Su				<del></del>	<del></del>
Business or Residence Addi				······································	
			☐ Executive Officer	☑ Director	☐ General and/or  Managing Partner
Business or Residence Addr Check Box(es) that Apply: Holster, Van	ess (Number and S	treet, City, State, Zip Code)	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if in	ess (Number and Sometimes of So	□ Beneficial Owner	☐ Executive Officer	☑ Director	
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if inc 2716 Ocean Park Blvd., Su	ess (Number and Some Promoter dividual)  iite 2005, Santa Mo	□ Beneficial Owner	☐ Executive Officer	☑ Director	
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if in	ess (Number and Some Promoter dividual)  iite 2005, Santa Mo	□ Beneficial Owner	☐ Executive Officer	⊠ Director	
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if inc 2716 Ocean Park Blvd., Su	ess (Number and Some Promoter dividual)  iite 2005, Santa Mo	□ Beneficial Owner	☐ Executive Officer ☐ Executive Officer	☑ Director	
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if in 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline	ess (Number and State of Promoter dividual) atte 2005, Santa Meless (Number and State of Promoter	market, City, State, Zip Code)  ☐ Beneficial Owner			Managing Partner  ☐ General and/or
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline Name (Last name first, if inc	ess (Number and State of Promoter  dividual)  ite 2005, Santa Meless (Number and State of Promoter	Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner			Managing Partner  ☐ General and/or
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if ine 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline Name (Last name first, if ine 2716 Ocean Park Blvd., St	ess (Number and State of Promoter  dividual)  ite 2005, Santa Meses (Number and State of Promoter  dividual)  ite 2005, Santa Meses (Number and State of Promoter	Beneficial Owner  Onica, CA 90405  The Beneficial Owner  Denica, CA 90405  Deneficial Owner  Denica, CA 90405			Managing Partner  ☐ General and/or
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline Name (Last name first, if inc	ess (Number and State of Promoter  dividual)  ite 2005, Santa Meses (Number and State of Promoter  dividual)  ite 2005, Santa Meses (Number and State of Promoter	Beneficial Owner  Onica, CA 90405  The Beneficial Owner  Denica, CA 90405  Deneficial Owner  Denica, CA 90405			Managing Partner  ☐ General and/or
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if ine 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline Name (Last name first, if ine 2716 Ocean Park Blvd., St	ess (Number and State of Promoter  dividual)  ite 2005, Santa Meses (Number and State of Promoter  dividual)  ite 2005, Santa Meses (Number and State of Promoter	Beneficial Owner  Onica, CA 90405  The Beneficial Owner  Denica, CA 90405  Deneficial Owner  Denica, CA 90405			Managing Partner  General and/or Managing Partner
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Moore, Charles	ess (Number and State of Promoter and State 2005, Santa Mess (Number and State 2005, Santa State 2005	Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)	☐ Executive Officer	⊠ Director	Managing Partner  General and/or  Managing Partner
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Moore, Charles Name (Last name first, if inc	ess (Number and State of Promoter  dividual)	Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Denica, CA 90405	☐ Executive Officer	⊠ Director	Managing Partner  General and/or Managing Partner
Business or Residence Addr Check Box(es) that Apply:  Holster, Van Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply:  Michaels, Caroline Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply:  Moore, Charles Name (Last name first, if inc 2716 Ocean Park Blvd., St Moore, Charles Name (Last name first, if inc 2716 Ocean Park Blvd., St	ess (Number and State of Promoter  dividual)  ess (Number and State of Promoter	Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Denica, CA 90405  Deneficial Owner	☐ Executive Officer	⊠ Director	Managing Partner  General and/or Managing Partner
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Moore, Charles	ess (Number and State of Promoter  dividual)  ess (Number and State of Promoter	Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Denica, CA 90405  Deneficial Owner	☐ Executive Officer	⊠ Director	Managing Partner  General and/or Managing Partner
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Moore, Charles Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr	ess (Number and State of Promoter  dividual)  ess (Number and State of Promoter	Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Denica, CA 90405  Deneficial Owner	☐ Executive Officer	⊠ Director	Managing Partner  ☐ General and/or Managing Partner  ☐ General and/or Managing Partner
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if ine 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline Name (Last name first, if ine 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Moore, Charles Name (Last name first, if ine 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Business or Residence Addr Check Box(es) that Apply: Check Box(es) that Apply: Lawrence, Lisa	ess (Number and State 2005, Santa Mess (Number and	Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Denica, CA 90405  treet, City, State, Zip Code)	☐ Executive Officer ☐ Executive Officer	☑ Director	Managing Partner  ☐ General and/or  Managing Partner  ☐ General and/or  Managing Partner
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if ine 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline Name (Last name first, if ine 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Moore, Charles Name (Last name first, if ine 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Business or Residence Addr Check Box(es) that Apply: Lawrence, Lisa Name (Last name first, if ine	ess (Number and Some Promoter dividual)	Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)	☐ Executive Officer ☐ Executive Officer	☑ Director	Managing Partner  ☐ General and/or Managing Partner  ☐ General and/or Managing Partner
Business or Residence Addr Check Box(es) that Apply: Holster, Van Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Michaels, Caroline Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Moore, Charles Name (Last name first, if inc 2716 Ocean Park Blvd., St Business or Residence Addr Check Box(es) that Apply: Business or Residence Addr Check Box(es) that Apply:	ess (Number and Some Promoter dividual) ess (Some Promoter dividual) ess (Some Promoter dividual)	Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Onica, CA 90405  treet, City, State, Zip Code)  Beneficial Owner  Onica, CA 90405  The Beneficial Owner	☐ Executive Officer ☐ Executive Officer	☑ Director	☐ General and/or Managing Partner ☐ General and/or Managing Partner ☐ General and/or Managing Partner

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_	<del></del>			В.	INFOR	MATIO	N ABOI	J <b>T OFF</b>	ERING					
1.	Has the issu	er sold, or	does the i	ssuer inte	nd to sell,	to non-acc	credited in	vestors in	this offeri	ng?				Yes No □ ⊠
	Answe	er also in	Appendi	x, Colum	n 2, if fil	ing under	r ULOE.							
2.	What is the	minimum	investmer	nt that will	be accept	ed from a	ny individ	ual?				••••••		\$ <u>N/A</u>
3.	Does the off	fering perr	nit joint o	wnership o	of a single	unit						,,	••••••	Yes No ⊠ □
4.	Enter the in similar remu associated p dealer. If m for that brok	uneration to erson or a nore than f	for solicitation agent of a live (5) pe	ation of pu broker or	irchasers i dealer re	in connect gistered w	ion with s ith the SE	ales of sec EC and/or	curities in with a sta	the offeri	ng. If a p	erson to b name of t	e listed i he broke	s an r or
Ful	l Name (Last	name first	, if individ	lual)	-									
Bus	siness or Resid	dence Add	lress (Num	ber and S	treet, City	, State, Zi	p Code)	<del></del>				<del></del>		
Nai	me of Associa	ted Broke	r or Deale	<u></u> -	<del></del>	<del></del>			·					
Sta	tes in Which I	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	urchasers						*	
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Ful	l Name (Last													
					City	State 7:	- 0-1-				<del></del>			
	siness or Resid		· · · · · · · · · · · · · · · · · · ·			, State, Z1	p Code							<u></u>
Nai	me of Associa	ted Broke	r or Dealei	r										
Sta	tes in Which F (Check "All													☐ All States
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Ful	l Name (Last	name first	, if individ	lual)										
Bus	siness or Resid	dence Add	ress (Num	ber and S	treet, City	, State, Zi	p Code							
Nai	ne of Associa	ted Broke	r or Dealer	 r		<del></del>	<del></del>	<del></del>						
Sta	tes in Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	ırchasers			·····		<del></del>		
Jiu								************				•••••	************	☐ All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sol Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	ld.	
		Aggregate	Amount
	Type of Security	Offering Price	Already Sold
	Debt	\$	\$
	Equity Series B Convertible Preferred Stock	\$ 900,000*	\$900,000*
	☐ Common ⊠ Preferred	\$	\$
	Convertible Securities (including warrants) Series B Convertible Preferred Stock	\$ <del></del>	\$ <del></del>
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$900,000*	\$ 900,000*
	Answer also in Appendix, Column 3, if the filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number person who have purchased securities and the aggregate dollar amount of their purchases on the total line Enter "0" if answer is "none" or "zero."	of	
			Aggregate
		Number of Investors	Dollar Amount of Purchases
		1111013	
	Accredited Investors	1	\$900,000*
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities so by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale securities in this offering. Classify securities by type listed in Part C - Question 1.	of	
	Type of offering	Type of	Dollar Amount Sold
	Rule 505	Security	5010
			5
	Regulation A		\$
	Rule 504		\$
	Total		\$
4. a	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in the offering. Exclude amounts relating solely to organization expenses of the issuer. The information may ligiven as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	be	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	$\boxtimes$	\$ 30,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	⊠	\$ 30,000
	200	<u>471</u>	ψ <u> 50,000</u>

<sup>\*</sup>Represents shares of issuer's now wholly-owned subsidiary received in exchange for shares of Series B Convertible Preferred Stock issued at a stated value of \$1,000 per share.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OI	F PROCEED	S	
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 a expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross pro the issuer."	ceeds	s to		<u>§</u> 870,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be proposed to be used for each of the purposes shown. If the amount for any purpose is not known an estimate and check the box to the left of the estimate. The total of the payments listed must e adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	furn	nish		
		Payments t Officers Directors & Affiliates	Ł	Payments to Others
Salaries and fees		\$	0	\$
Purchase of real estate		\$	□	\$
Purchase, rental or leasing and installation of machinery and equipment		\$	🗆	\$
Construction or leasing of plant buildings and facilities		\$	🗆	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	<b>X</b>	s_870,000*
Repayment of indebtedness.		\$	🗆	\$
Working capital		\$	🗆	\$
Other (specify):				
		\$	🗆	\$
Column Totals		\$	<b>X</b>	\$ 870,000*
Total Payments Listed (column totals added)		Ď	\$ \$_	870,000*
D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Common formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 5	nissi			
ssuer (Print or Type) Signature Da	te			
Kanakaris Wireless Ula Curic	M	May 9, 200	)2	
Name of Signer (Print or Type)  Title of Signer (Print or Type)			· -	
Alex F. Kanakaris Chairman of the Board, Preside	nt	and CEO		

\*Amount represents non-cash payment through issuance of Series B Convertible Preferred Stock issued in exchange for all of the issued and outstanding shares of the issuer's now wholly-owned subsidiary.

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

_	<del></del>	E. STATE SIGNATURE					
1.	Is any party described in 17 CFR 230.262(of such rule?						
		See Appendix, Column 5, for state re	sponse				
2.	The undersigned issuer hereby undertakes CFR 239.500) at such times as required by		y state in which this notice is filed, a notice on Form D (17				
3.	The undersigned issuer hereby undertakes offerees.	to furnish to the state administrators, up	oon written request, information furnished by the issuer to				
4.		n which this notice is filed and understand	at must be satisfied to be entitled to the Uniform Limited is that the issuer claiming the availability of this exemption				
	e issuer has read this notification and knows y authorized person.	the contents to be true and has duly cause	ed this notice to be signed on its behalf by the undersigned .				
Issu	uer (Print or Type)  Kanakaris Wireless	Signature Clerk	Date May 9, 2002				
Nar	me of Signer (Print or Type)	Title of Signer (Print or Type)					
Alex F. Kanakaris Chairman of the Board, President and CEO							

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Δ	P	Þ	E.	N	D	IX

		2	3		5					
1	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK					· · · · · · · · · · · · · · · · · · ·					
AZ										
AR							·			
CA		x	Series B Convertible Preferred Stock \$900,000	1	\$900,000	0	0		x	
СО										
CT										
DE										
DC										
FL										
GA										
HI										
ID										
IL										
IN					<del></del>			<u> </u>		
IA										
KS										
KY					<del></del>		<del></del>			
LA										
ME		<u> </u>			<del></del>			ļ	<u> </u>	
MD	ļ			<u> </u>					ļ	
MA										
MI						<u> </u>		ļ	-	
MN		ļ		<del> </del>	<del></del> -			ļ		
MS		<del> </del>								
MO										
MT	<u> </u>			<del> </del>				<del> </del>	<del> </del>	
NE				-				<u> </u>		
NV						·				
NH NJ	<del> </del>				,		· · · · · · · · · · · · · · · · · · ·			
NM	<del> </del>						<del></del>			
NY		ļ		+					<b></b>	
17.1		<del> </del>	<del></del>						<del> </del>	

	3				4					
1	1	ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
ND										
ОН										
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
WV										
WI										
WY										
PR										